

RESTAT STANDARD EXCLUSIONS - NOT COVERED	
Drug	Use
Aptrim Kits	Nutritional Supplement for weight loss.
Arestin	Periodontal use only
Botox Cosmetic	Wrinkles
Cleeravue-M Kit 50mg	Minocycline and eye lid cleanser. No advantage to previously marketed products and generics
Domperidone powder	Use in compounds- Considered experimental treatment.
Estriol powder (Triest)	Use in compounded hormones- Considered experimental treatment.
Femcap	Cervical Caps, not available at retail pharmacies.
FluMist	Flu Shot- Medical Claim
GlucoWatch G2	Diabetic Monitor- Medical Claim
Hydrocodone powder	Use in compounds- manual claim only
Implanon Implant 68mg	Progestin Implant Contraceptive. Medical Claim, not used in retail pharmacies.
IV Drugs	Rarely if ever used in retail pharmacies
Keflex 750mg	No advantage to previously marketed products and generics
Mifeprex	Abortion Pill
Minocin Pak	Combo of brand Minocin and acne products. No advantage to previously marketed products and generics
Mirena	IUD- Medical Claim
Naproxen Kit Comfort	Contains generic naproxen and an ointment. No advantage to previously marketed products and generics
Oxycodone powder	Use in compounds- manual claim only
Plenaxis	Cancer drug Manufacturer only sells to physician's offices
Phys. Therapeutics Generic / Vitamin paks	Lytensopril, Senophylline, Trazamine, Stazepam, Theraproxen, Prazolamine, Appbutamone, Appformin, Gabazolamine, Gabitidine, Gaboxetine, Hypertensolo, Pulmophyllin, Rimantalist, Sentradine, Sentroxatine, Therafeldami, Therapentin, Theraprofen, Theratramado paks are blocked. Significantly more expensive without advantage over previously marketed products and generics
Progesterone Suppositories	Not officially marketed in the U.S. Considered experimental treatment.
Solodyn	No advantage to previously marketed products and generics
Toxoids, Vaccines	Administered in physician's office
RESTAT EXCLUSIONS COVERED ONLY WITH CLINICAL PRIOR AUTHORIZATION (RECOMMENDED)	
Drug or Category	Notes
Actiq	Only indicated for break-through cancer pain
ALL DIET PILLS	BMI >= 30Kg/m2 or >= 27Kg/m2 with other risk factors
Amevive	Severe, chronic plaque psoriasis
Amitiza	Chronic Idiopathic Constipation in adults
Amrix	Long acting cyclobenzaprine, when generic tablets have been available for years. High expense compared with generic tabs
Anabolic Steroids	Osteoporosis, HIV wasting, protein catabolism
Androgens	Hypogonadism, Delayed Puberty, panhypopituitarism
Apokyn	Parkinson's Disease "off" episodes
Azor	Antihypertensive drug without advantages over current generic medications
BiDil	For prevention of cardiac events in African Americans
Botox	Indicated for Cervical Dystonia, strabismus and blepharospasm
Byetta	Injectable for Type II diabetes
Celebrex 50mg Only	Only indicated for Juvenile Rheumatoid Arthritis (JRA), for patients weighing less than 25Kg (55 lbs)
Emend	Chemotherapy Nausea and Post-operative nausea
Enbrel	Rheumatoid arthritis, psoriasis
Exforge	Blocked from Book of Business, Clinical Review only. Used for 2nd line treatment of hypertension
Exjade	Used to treat chronic iron overload due to blood transfusions.
Exubera	Inhaled insulin.
Fentora	Only indicated for break-through cancer pain
Fexmid	Blocked from Book of Business, Clinical Review only. Centrally-acting skeletal muscle relaxant.
Forteo	Specific Osteoporosis Use
Gleevec	Chronic Mylogenous Leukemia (CML) and GIST
GROWTH HORMONES	Need to see patient's growth chart yearly for dose calculation
Humira	Rheumatoid arthritis
Hylira lotion	For use as an emollient. Must fail other prescription emollients prior to use of Hylira.

Iressa	Specific Cancer Use
Iplex	Used in children short for their age due to lack of Insulin-like growth factor (IGF-1).
Kineret	Rheumatoid arthritis
Letairis	Oral product, Specialty Pharmacy Only, for Pulmonary Hypertension
Lotronex	Females with IBS-diarrhea dominant only. 60 units/month limit
Nexavar	For renal cell carcinoma (RCC)
Oracea	For rosacea in adults. Must fail other forms of doxycycline prior to Oracea use.
Raptiva	Severe, chronic plaque psoriasis
Revatio	Only indicated for pulmonary hypertension
Revlimid	For Myleodysplastic Syndrome (MDS)
Soma 250mg	New strength when generic 350mg has been available for years.
Somatuline	Used to treat acromegaly
Sprycel	For Chronic Mylogenous Leukemia (CML) after Gleevec failure
Sutent	For renal cell carcinoma (RCC) and GI stromal tumors (GIST)
Symlin	Injectable for diabetes
Synagis	For prevention of RSV-induced respiratory disease
Tarceva	Lung cancer and Pancreatic cancer
Tasigna	For Chronic Mylogenous Leukemia (CML) after Gleevec failure
Tekturna	Antihypertensive, no advantages over existing products
Temodar	Specific cancer use
Ventavis	Inhalation solution for Primary Arterial Hypertension
Vidaza	Specific Cancer Use
Viscosupplements	Osteoarthritis of the knee only
Vivaglobin	Subcutaneous injection of Immunoglobulin
Vyvanse	Blocked from Book of Business, Clinical Review only. Used for ADHD.
Xolair	Indicated for asthma not responsive to inhaled corticosteroids
Zolinza	Specific Cancer Use- Cutaneous T-cell Lymphoma
Zytopic Kit	Kit containing triamcinolone cream, a moisturizer and cleanser.

RESTAT will exclude all of these medications. RESTAT recommends that coverage of medications in this area only be considered with the RESTAT Clinical Prior Auth process as defined on pages 3 and 4 of the Prescription Benefit Design Document.

If you wish to have the Clinical Prior Auth process apply for these medications, please make sure page 4 of the PBDD indicates accordingly:

RESTAT RECOMMENDED EXCLUSIONS (PA ONLY)

RESTAT STANDARD QUANTITY LIMITED DRUGS (Client must participate in Clinical Review/PA to be eligible)

Brand Name	Quantity	DUR Message
Triptans- Migraine drugs	Injectable - 2/month	2 PER MONTH LIMIT-QUESTIONS 877-526-9906
Imitrex, Amerge, Axert, Frova, Maxalt, Relpax, Zomig	Nasal Spray – 12 doses/month 6-12 tablets/month depending on package size	2 PER MONTH LIMIT-QUESTIONS 877-526-9906 12 TABS/MO. QUESTIONS 877-526-9906
5-HT- For Nausea/Vomiting		
Kytril, Zofran, Anzemet	10 tab/month	10 TABS/MO. QUESTIONS 877-526-9906
Asmanex	0.72 = 3 packages = 3 months supply	0.24 PER PACKAGE
Seroquel XR	1 tablet/daily	1 TAB DAILY ONLY QUESTIONS 877-526-9906

RESTAT RECOMMENDED QUANTITY LIMITED DRUGS (Client must participate in Clinical Review/PA to be eligible)

Brand Name	Quantity	DUR Message
Celebrex 100mg	1 cap/daily	1 CAP DAILY ONLY QUESTIONS 877-526-9906
Celebrex 200mg	1 cap/daily	BID FOR R.A. ONLY FOR PA 877-526-9906
Mobic 7.5mg and 15mg	1 tablet/daily	1 TAB DAILY ONLY QUESTIONS 877-526-9906
ALL PPI's	1 dose daily	BID USE REQUIRES PA. 877-526-9906
Ketorolac	7 days supply	7 DAY LIMIT. QUESTIONS 877-526-9906
Stadol NS	2.5ml/month	2.5ML PER MONTH. QUESTIONS 877-526-9906
Oral Impotence Medications	6 tab/month	6 TABS/MO FOR ANY E.D. DRUG 877-526-9906
Diflucan 150mg	1 tab/copay	1 TAB/COPAY. QUESTIONS 877-526-9906
Januvia 25, 50 and 100mg	1 tab/daily	1 TAB/DAILY. QUESTIONS 877-526-9906.
Daytrana patch (all strengths)	1 patch/daily	1 PATCH DAILY. QUESTIONS 877-526-9906

As a standard, RESTAT will apply standard Quantity Limits indicated in the first section.

RESTAT recommends application of the additional Quantity Limits indicated in the 2nd section be considered.

If you wish to have the Recommended Quantity Limitations apply, please make sure page 3 and 4 of the PBDD indicates accordingly:



If you wish to have the Recommended Quantity Limitations apply, please make sure page 3 and 4 of the PBD indicates accordingly:

Page 2

RESTAT STANDARD QUANTITY LIMITATIONS

WILL APPLY UNLESS OTHERWISE NOTED (please see list)

AND RECOMMENDED

Comments regarding Drug Coverage:

Page 3

RESTAT RECOMMENDED QUANTITY LIMITATIONS

STEP THERAPY RECOMMENDATIONS		
Use	RESTAT Recommendation	PROGRAM INFORMATION
Arthritis (COX-1 NSAIDs)	Cover only with Step Therapy	PROGRAM CODE COX-1
Celebrex		
Mobic		
Ponstel		
GI/Ulcer (H2s and PPIs)	Cover only with Step Therapy	PROGRAM CODE PPI
Nexium	OTC PRILOSEC COVERED FOR GENERIC COPAY	
Protonix		
Prevacid		
Aciphex		
NonSedating Antihistamines	Cover only with Step Therapy	PROGRAM CODE ALAVERT
Allegra, Allegra-D	OTC LORATADINE COVERED FOR GENERIC COPAY	
Clarinetx, Clarinetx-D	OTC LORATADINE/PSE COVERED FOR GENERIC COPAY	
Zyrtec, Zyrtec-D		

RESTAT strongly recommends these programs for implementation.

It is necessary to discuss implementation of Step Therapy programs with your RESTAT Account Executive. Your Account Executive will provide further definition of program specifics and will assist with member communication materials.

Page 4 of the Prescription Benefit Design Document needs to indicate the following:

STEP THERAPY: Specify Program(s) that apply: **APPROPRIATE PROGRAM CODE AND EFFECTIVE DATE**